

NEWTON RETIREMENT SYSTEM

1000 Commonwealth Avenue
Newton Centre, MA 02459-1449
Telephone: (617) 796-1095

DIRECT DEPOSIT AUTHORIZATION BY PENSION RECIPIENT

(MAIL ORIGINAL COPY OF THIS FORM TO THE ABOVE ADDRESS)

I hereby authorize the Newton Retirement System to forward my net pension pay to the following bank account:

Pensioner Name: _____

Last 4 Social Security #: XXX – XX – _____

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

Type of Account: *Checking_____ ** Savings_____

*If you will be having direct deposit to a **checking account**, you must include a “void check” on which the pension recipient’s name is imprinted on the check.

If you will be having direct deposit to a **savings account, you must include an informational direct deposit slip from your bank verifying routing/account number information or a redacted bank statement with full account number visible. Pension recipient’s name must be imprinted on documentation provided.

I understand that the Newton Retirement System retains the right to recoup, directly from my bank, any pro-rated monthly amount due them as a result of my death.

Signature

Date

Mailing Address

TO BE COMPLETED BY RETIREMENT OFFICE STAFF:

Effective Date: _____

Pension # _____

Change made by: _____

Confirmed by: _____